

COBB COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PUBLIC SERVICES PROJECT APPLICATION - PY 2007

USE ONLY FOR PUBLIC SERVICES

Complete this form and **SUBMIT ONE ORIGINAL AND ONE COPY** to the Cobb County CDBG Program Office for each project proposed for CDBG funding.

SUBMISSION DEADLINE: 5:00 P.M., FRIDAY, APRIL 21, 2006 [See Note on Page 3]

SUBMIT TO: Cobb County CDBG Program Office
127 Church Street, Suite 270
Marietta, Georgia 30060
[Telephone: (770) 528-4600] [FAX: (770) 528-4613] [TDD: (770) 528-4614]

SPECIAL NOTE: If your organization is currently providing the service for which funds are being requested in this application, you must statistically document [on Attachment 1] how the service will be expanded. Expansion of the service is a requirement to qualify for CDBG Public Service funds.

1. Applicant Name (Agency or Organization):

Applicant Agency Mailing Address:

City: GA Zip Code:

2. Contact Person: Title:

Telephone Number: FAX Number:

3. Non-profit organizations which are submitting applications for Cobb County CDBG funds must submit one (1) copy of their current IRS 501(c)(3) [Tax-Exempt Status] certification; Check ☐ if attached.

4. Non-profit organizations which are submitting applications for Cobb County CDBG funds must submit one (1) copy of their audit or audited financial statement for their most recent fiscal year. Check ☐ if an audit is attached; Check ☐ if an audited financial statement is attached.

5. A. Project Name:

B. Project MAP: Check ☐ if attached.

6. Project Location [Street Address, City, State, Zip Code - or other geographically specific information, if no street address]:

7. Project Priority # of projects submitted by your organization.

8. Total Project Cost \$ CDBG Funds Requested \$

9. Other Funding Sources/\$Amounts: Source: Amount \$

Source: Amount \$

Source: Amount \$

10. Total number of persons to benefit from the proposed project: No. []

If the proposed project is seeking Cobb County CDBG funds to purchase equipment, what type of equipment does your agency propose to purchase (Item 11-14):

11. Recreation Equipment: \$ []

Describe in detail; specify quantities and estimated unit prices. Attach more pages, if needed and identify pages as Item 11A Attachments: Check [] if attached.

[]

12. Transportation Equipment [Vans, Buses, Etc.]: \$ []

Describe in detail; specify quantities and estimated unit prices. Attach more pages, if needed and identify pages as Item 12A Attachments: Check [] if attached.

[]

13. Health Services Equipment: \$ []

Describe in detail; specify quantities and estimated unit prices. Attach more pages, if needed and identify pages as Item 13A Attachments: Check [] if attached.

[]

14. Other Equipment: \$ []

Describe in detail; specify quantities and estimated unit prices. Attach more pages, if needed and identify pages as Item 14A Attachments: Check [] if attached.

[]

15. If your agency is proposing a PUBLIC SERVICE activity which is not listed in Item 11-14, please describe the proposed activity, in detail, describe why the project is needed, describe the persons who will benefit from the activity, present detailed information on the total cost and CDBG portion of that cost for the activity.

A. Check if additional pages are attached to describe the activity: Check [].

OR

B. Complete if no additional page(s) are attached:

[]

16. Project Schedule (Total Months to Complete) 0 [Maximum number of months allowed 15]. The contract period for the project, if approved, will begin January 1, 2007 and end not later than March 31, 2008.

❖ **METRICS:**

17. Total Number of Persons to Benefit: ([])

18. Total Number of Low & Moderate Income Persons Who will Benefit: ([])

19. If Applicable, the Number of:

Senior Citizens Who Will Benefit:	([])
Adults with Disabilities:	([])
Abused Spouses:	([])
Abused/Neglected Children:	([])
Homeless Persons:	([])
Female-Headed Households	([])

20. Racial/Ethnic Breakdown Projections by the Number of Persons:

White	(<input type="text"/>)
African-American	(<input type="text"/>)
American Indian	(<input type="text"/>)
Asian/Pacific Islander	(<input type="text"/>)
Hispanic	(<input type="text"/>)

NOTE:

A project proposal will be judged incomplete unless it contains the information requested in items 1-20, as appropriate for each individual applicant organization. Please provide “Not Applicable,” if the item is not appropriate.

For additional information on completing the project application form, please contact the Cobb County CDBG Program Office at (770) 528-4600.

Applicant Agency Signatures/Approvals [**Application Preparer Should Not Be Same Person as Approver**]:

21. Prepared by: _____ Date: _____
Signature/Title

22. Prepared by: _____ Date: _____
Typed/Printed Name & Title

23. Approved by: _____ Date: _____
Signature/Title

24. Approved by: _____ Date: _____
Typed/Printed Name & Title

25. HUD Income Table

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA]
EFFECTIVE 2/11/2005 *

SOURCE: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT [HUD]

Family/Household Size	Extremely Low 30%	Low Income 50%	Moderate Income 80%
1	\$14,950	\$24,900	\$39,850
2	\$17,100	\$28,500	\$45,550
3	\$19,200	\$32,050	\$51,250
4	\$21,350	\$35,600	\$56,950
5	\$23,050	\$38,450	\$61,500
6	\$24,800	\$41,300	\$66,050
7	\$26,500	\$44,150	\$70,650
8	\$28,200	\$47,000	\$75,200
Ea. Additional member	+ \$ 1,700	+ \$ 2,850	+ \$ 4,550

Extremely Low Income = 30% of Median Household Income

Low Income = 50% of Median Household Income

Moderate Income = 50% - 80% of Median Household Income

* MAXIMUM HOUSEHOLD INCOME LIMITS ARE REVISED ANNUALLY BY HUD.

Note Regarding Submission Date:

Any applications not received at the CDBG Program Office by the submission deadline will be returned to the applicant and will be considered ineligible for funding. “Received” is defined as: Applications physically delivered or mailed sufficiently early to be physically received at the CDBG Program Office by the application deadline of 5:00 P.M., April 21, 2006.

ATTACHMENT 1
PUBLIC SERVICES
COBB COUNTY CDBG PROGRAM - PY 2007 APPLICATION

Describe your proposed project to include the following: Is this a new service, or an expansion of an existing one, if so, please articulate how your agency will achieve its goals with Cobb County CDBG funds:

Remember to include the racial/ethnic composition of persons who will benefit [i.e. white, African-American, Hispanic, etc.] as well as the "Special Needs" category as defined by HUD, if applicable. Those who are considered "Special Needs" are: Senior Citizens, Persons with Disabilities, Abused Women, Homeless Persons, and Abused Children. This is critical information and failure to provide this data will result in your application being rejected.



Copy this page and use as many pages as necessary to fully describe your proposed project.

ATTACHMENT 2
PUBLIC SERVICES
[PERFORMANCE MEASUREMENT PROJECTIONS]

Please outline the total number of persons your organization plans on serving by this proposed project for the next five (5) years. These numbers are merely projections, but attempt to be realistic in your assessment.

2007:

2008:

2009:

2010:

2011: